scure physical diagnostic findings characteristic of hypoglycemia or hyperglycemia.

Because I am unaware that the capillary blood glucose determination by fingerstick method has been studied for accuracy in the hypothermic patient (and one might expect an enzymatic determination to be altered by hypothermia), and because I believe there to be no significant clinical harm done in giving a one-time bolus of 50 percent glucose solution intravenously (even in a hyperglycemic patient), I would continue to recommend empiric therapy with intravenous administration of glucose in all hypothermic patients. Clearly, such therapy should not obviate careful and continuous monitoring and observation of hypothermic patients throughout the period of rewarming, during which period dramatic changes in glucose levels might be anticipated.

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Appropriateness Review

TO THE EDITOR: The comments in the March issue by Dr. Howard Lang[1] about Appropriateness Review provisions of Public Law 93-641 are valid. Fortunately, there is so much question about the efficacy of PL 93-641 that many changes, and perhaps even repeal, may be anticipated in the next two years. Appropriations have been so reduced that many Health Systems Agencies (HSA) have had to reduce staff by as much as a third. Recognizing this, the Bureau of Health Planning of the US Department of Health and Human Services is now seriously considering "functional" exclusion of Appropriateness Review (AR) as a local, and therefore a state level, activity.

In these circumstances, it is difficult to predict what will happen in the various states. Where state decertification laws are already on the books, giving sanctions not provided by Congress, it is likely that AR will continue, in some form, under state direction. Fortunately, California does not have a decertification law.

The California Medical Association (CMA), in conjunction with the California Hospital Association (CHA), is considering the best approach to enabling legislation, which if not passed this fall, will place California in jeopardy of losing $600 million per year in Public Health Service money. There is no question that the CMA proposed enabling legislation will have *sunset* provisions to allow for possible congressional repeal; it should be realized that if the CMA/CHA bill had not been introduced last year, Governor Brown would have signed the administration bill, and we would now be saddled with all of the regulations and rationing cited in Dr. Lang's letter.

Planning for the future is necessary, and CMA and the American Medical Association have always supported this. Regulation to "correct" the past, present and future is what the current law is about. Repeal seems quite more likely now and the AMA House of Delegates has instructed its councils to develop principles of planning which will preserve the integrity of the medical profession in any future voluntary and local health planning initiatives.

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